September 30

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, District of Columbia 20554

Dear Ms. Dortch:

The College of Healthcare Information Management Executives (CHIME) and the Association for Executives in Healthcare Information Technology (AEHIT) are pleased to comment on the notice of proposed rulemaking in the matter of Promoting Telehealth for Low-Income Consumers (WC Docket No. 18-213) which calls for establishing a Connected Care Pilot Program. Our comments build upon our letter of support for this pilot and the comments we submitted last year in support of this program.

CHIME is an executive organization serving more than 3,000 chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs), and other senior health information technology leaders at clinics and hospitals across the nation. The Association for Executives in Healthcare Information Technology (AEHIT) was launched in 2014 under CHIME to provide an education and networking platform to healthcare's senior IT technology leaders. Together, our members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. They are also among the nation's foremost health IT experts on a range of issues, including telehealth, and many of our members' organizations treat patients in underserved areas.

Under the FCC's proposed rule published on July 11th the Commission calls for establishing a Connected Care Pilot program which would fall within the Universal Services Fund (USF). The purpose of the Pilot will be to give funding to providers to defray the costs of connected care services delivered to low-income Americans and veterans. The FCC would provide funding to selected providers to defray the costs of purchasing broadband needed to deliver connected care to qualifying patients.

The FCC has said they intend for the pilot to address a wide breadth of health challenges. The Commission has proposed limiting the pilot to health conditions that typically require at least several months or more to treat (i.e. behavioral health, opioid dependency, heart disease). The Commission furthermore says that they would give providers some latitude to determine health conditions treated and geographic areas. **CHIME and AEHIT support the intent of the pilot and are pleased to offer our suggestions to maximize its success and best help support care delivery to our neediest citizens.**

I. Key policies we support:

1. **Support smaller, lesser resourced providers including those who do not have established programs as cost has been a barrier to entry;**
2. **A wide array of disease states should be included in the pilot;**
3. **Coverage of the cost of connections to facilitate better access to care;**
4. **Reimbursement of administrative costs, however, they should be needs based;**
5. **Reimbursement for end user devices, medical equipment and mobile apps;**
6. **A discount rate of 85 percent for the reimbursement of services;**
7. **Policies for data collection and measurement as this will further evidence of the value of telehealth and connected care. Specifically, FCC should collaborate with agencies directly involved in the delivery of care;**
8. **Including providers who have no connected care experience as this will limit participating by under resourced providers; and**
9. **Adopting best practices around data collection and repurposing existing data which has already been collected to limit administrative burdens for healthcare providers.**

II. Questions and Feedback Sought

Question #18: Purchasing Services

FCC seeks comment on the costs health care providers incur to purchase such services. They also seek information from commenters regarding the marketplace for connected care services, specifically whether health care providers typically purchase complete packages or suites of services that include patient broadband Internet access service and other functionality necessary to provide connected care services, or whether health care providers typically purchase broadband Internet access service connections for connected care as a stand-alone product?

Our response:

First, the costs vary by provider. As far as whether solution include a complete suite of services, this depends on the type of service being delivered.

While we are aware of some service providers who have committed to helping supply broadband to those with lower incomes; many underserved patients are still relying on cellular service and do not have access to broadband with no assistance. **We believe it makes sense for this pilot to help fund the cost of the connections to facilitate access to care.** An example would be offering care via a virtual room in a nursing home.

Also, when a provider delivers care through a vendor, the vendor will build in the cost of connectivity. For example, if a provider is doing blood glucose monitoring in the home a provider will have a vendor with the kit the kit that is being used. Those devices all connect inside the patient's house that is enabled and

that whole solution is paid for. Therefore, typically providers are bearing the costs of the connections. And, most of these devices fall under the umbrella of the internet of things.

Question #23: Funding Suites of Services

Are there are packages or suites of services that health care providers use to provide connected care services (such as a turnkey solution that includes software, remote patient monitoring and remote monitoring devices, and patient broadband Internet access) that are not currently funded under the existing RHC support programs that could be funded through the Pilot program as information services.

- What types of services would be considered information services, as well as any applicable precedents and should be funded through the Pilot program?
- How do service providers currently fund these types of services and what are the typical costs?
- Are specific types of health care providers or provider locations more likely to be unable to purchase these types of information services?
- Are there any federal or other grant programs or other funding sources that provide health care providers support for purchasing these types of services?
- Should we provide support for internal connections for eligible health care providers through the Pilot program?
- Is such support needed for connected care services?

Our response:

Yes, there are services that health care providers use to provide connected care services and they include any of the home monitoring programs. Right now, the only thing the RHC funds are broadband from provider to provider. **We recommend that any of the diagnostic programs that are designed to take advantage of the disease states including but not necessarily limited to those discussed by the FCC, should be included in the pilot.** Interacting with patients with these diseases will help providers better manage their care and results in can result in patients being more engaged in their own care. Further, if technology can help manage the disease state for a patient it should be considered.

We are also aware of providers and payers who are supporting care in the home through broadband access to assist with medication adherence, in addition to their disease state. We believe that even offering patient education facilitated through connected care can assist patients manage their disease. It therefore, does not necessarily mean connected care is limited to just monitoring and devices. We are uncertain, however, whether the U.S. Department of Agriculture's (USDA) grants cover education and thus would overlap.

We also believe that the FCC should not limit the pilot based upon geography (i.e. urban or rural areas). We recommend instead that the Commission base need on criteria such as income. We furthermore do not believe the pilot should be limited to

In deciding whether the FCC should fund internal connections, we recommend the FCC consider the needs of smaller, lesser resourced providers as they may benefit from this as opposed to a larger, better resourced provider who can better afford these connections. Smaller or less resourced providers also may be serving low income, hard to reach patients. Therefore, again we think this should be needs-based.

Question #24: Network Equipment

The FCC already funds network equipment under their Healthcare Connect Fund. They feel they have authority to do the same with this pilot.

- How do they avoid duplication of funding?
- Would health care providers still be interested in and be able to participate in the Pilot program if the Pilot program did not fund the types of health care provider network equipment that is eligible for support under the Healthcare Connect Fund program?

Our response:

While we recognize that the RHC funds network equipment, we believe there could be a role for the pilot to fund equipment as well depending on the situation and use case. For instance, if it means allowing smaller providers to connect to larger ones like to an integrated delivery system who is already leveraging the RHC fund, this could make sense.

Question #25: Administrative Costs

The FCC proposes not administrative costs. They seek comment on this.

Our response:

Previously, the FCC has not allowed reimbursement for administrative costs. **We believe including it makes sense as it could represent a barrier to entry if it is not covered.** Again, however, it should be needs based. If the intent of the pilot is to get more providers using connected care, removing this obstacle could help facilitate this.

Question #26: End User Devices, Medical Equipment, Mobile Apps

- FCC proposes not to pay for end user devices, medical equipment or mobile apps. FCC seeks comments on this.

- They also want to know the extent to which providers participating in the Pilot program may be able to obtain outside funding for end-user devices, medical devices, or mobile applications necessary to provide connected care services.
- Would providers still be interested in and be able to participate in the Pilot program if the Pilot program does not fund end-user devices, connected care medical devices, or connected care mobile applications?

Our response:

When you are going into a patient's home it is a completely different situation than delivering care from one provider setting to another provider setting. The services are really designed from the beginning to be delivered to the patient in a box which they open and essentially begin using. To try and extrapolate the costs associated with each component becomes very challenging. Unless a provider is building their program internally and deploying it internally, that it would be very challenging to ask vendors to carve out their broadband costs from their device costs and subscription costs; the way cost structures are built would make this hard. Also, separating the labor and time would pose a big administrative burden. Additionally, when it comes into way the services are managed, these devices are not owned by the patient and the provider often does not own them either. This also gets challenging when you consider the costs of supporting the devices. Last, there are variable costs and fee structures associated with the devices and programs. It our opinion it needs to be all or nothing. **Therefore, we believe the FCC should pay for end user devices, medical equipment and mobile apps.**

Question 28: Budget

- How should the total Pilot program budget be distributed over the three-year funding period?
- Should each selected project's funding commitment be divided evenly across the Pilot program duration?
    - For example, if a selected project requests and receives a $9 million funding commitment and the funding period is three years, should the project receive $3 million for each year?

Our response:

Up-front costs are usually greater therefore, it might make sense to front load the funding and then have it level off after the first few years. For instance, the FCC could reimburse 50% up front then 25% and another then 25% for those that need that. It also may not need to be a one size fits all solution. If a provider has a program that is already established, then they may not need as much up front funding.

Questions 30 & 31: Discount Level

- FCC proposes to provide a uniform percentage of eligible services or equipment to be funded, rather than fully funding any Pilot projects

- They propose to pay for discounted rate of 85 percent

Our response:

We believe 85 percent represents a reasonable amount of funding the FCC will support for the costs of discounted services. We would also note that under the Stark and ant-kickback rules surrounding electronic health record (EHR) donation policies that the permitted amount providers are permitted to donate to other providers is up to 85 percent of the costs. Therefore, adopting this rate would bring consistency to what providers are already accustomed to.

Question #33: Number of Pilot Projects

- FCC does not plan on setting a fixed number of funded projects
- Do not plan to limit the number of funded Pilot projects, and to permit flexible and varied funding for each selected Pilot project
- Do not anticipate spending all of the Pilot program funds on one or two large projects.
- Should they establish a ceiling on the amount of the total budget that can be allocated to a single project and, if so, what would be an appropriate maximum funding amount for a single project?

Our response:

We believe it is hard to answer whether there should be a fixed number of projects as it depends on the number of patients intended to be reached. We would not, for instance, want to see a program that has excessive costs but only serves a few patients. Ideally, our preference would be that the funding is spread out such that it avoids only a handful of organizations getting the majority of the funding. Further, we believe that this new funding opportunity would be opportunities to organizations who previously may not have qualified for FCC funding. **We recommend that FCC help support smaller, lesser resourced providers including those who do not have established programs as cost has been a barrier to entry.**

Questions #37 & #38: Eligible Providers

Propose limiting definition of provider to:

- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
- Community health centers or health centers providing health care to migrants;
- Local health departments or agencies;
- Community mental health centers;

- Not-for-profit hospitals;
- Rural health clinics;
- Skilled nursing facilities; and
- Consortia of health care providers consisting of one or more entities

Our response:

We agree with the definition.

Question #42 & 43: Location of eligible providers

- FCC proposes allowing both urban and rural providers

Our response:

We strongly support the FCC funding both urban and rural providers as there are underserved, low-income and hard to reach patients residing in both areas. We have members who have patients in both types of settings with patients with no access to broadband and communicating with them can be a challenge.

Question #44: New Market Entrants

- FCC acknowledges there are providers that are new to the market that only offer connected care services – while they bring innovation it's not clear if they should qualify as HC providers. FCC seeks comments.
- Also, these entrants may not be involved in long-term care.
- What steps should FCC take to guard against fraud and abuse?
- What criteria should FCC establish to experience with long-term care?
- Are there types of connected care only companies that could demonstrate the level of experience with long-term patient care needed for the Pilot?

Our response:

We believe the FCC should only include service platforms who are actually have healthcare providers delivering care. Additionally, for these new entrants we recommend there extra points for those entities who are able to connect to a patient's EHR as this will foster better care coordination and exchange of data. While we recommend against making this a requirement of the pilot as this could be initially limiting, we do recommend that the FCC study the ability of pilot participants and new entrants to exchange data.

Question #45: Remote patient monitoring

- Should FCC exclude health care providers that have no prior connected care experience?

Our response:

No, we do not recommend excluding providers who have no connected care experience as this will limit participating by under resourced providers. However, we believe it would be reasonable that the FCC encourage these participants to seek out providers who have this experience already.

Question #61: Extra points

- FCC seeks comment on awarding additional points for projects that are primarily focused on treating certain chronic health conditions or conditions that are considered health crises, such as opioid dependency, high-risk pregnancies, heart disease, diabetes, or mental health conditions.
- FCC proposes awarding extra points for:
    - Opioid addiction
    - Maternal mortality
    - Heart disease
    - Diabetes
    - Mental health
    - Others?

Our response:

The Commission furthermore says that they would give providers some latitude to determine health conditions treated and geographic areas. We strongly support this.

We also agree with the FCC that awarding extra points to participants who are treating patients with conditions that are of high national concern and prevalence will be beneficial.

Selecting Service Providers (Question #64)

- FCC proposes that participating health care providers, and not the participating patients, procure the services and equipment that could be funded through the Pilot program.

Our response:

Yes, we agree with the FCC's proposal that participating health care providers, and not the participating patients, procure the services and equipment that could be funded through the pilot program. We

furthermore believe that if the FCC adopts this policy that it will help standardize the equipment that is being used.

Question #78: Goals and Metrics

- FCC proposes focusing on four primary program goals and seek comment on this approach:
  - (1) improving health outcomes through connected care;
  - (2) reducing health care costs for patients, facilities, and the health care system;
  - (3) supporting the trend towards connected care everywhere; and
  - (4) determining how USF funding can positively impact existing telehealth initiatives.
- They also seek comment on appropriate metrics and methodologies to measure Pilot projects' progress towards these goals

Our response:

The FCC has laid out a plan for a cost-effective and efficient pilot program that incentivizes participation from a wide range of eligible health care providers and broadband service providers, provides meaningful data about the use of connected care services provided over broadband for low income Americans and veterans, and provides insight into how universal service funds could better promote the adoption of connected care services among low-income Americans and veterans and their health care providers.

We strongly agree with the FCC's plan for data collection and measurement since to date it has been very hard to evaluate the success of telehealth and other connected care efforts without uniform metrics and measuring the pilot's success could better help identify needs for those agencies directly involved in the delivery of care (i.e. the Health Resources and Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS)). **We recommend that the FCC: 1) work with the U.S. Department of Health & Human Services (HHS) to arrive at a set of metrics; and 2) request CMS include participation in the pilot as a Meri-based Incentive Payment System (MIPS) "improvement activity" which would give financial incentives for clinicians to participate.**

Question #96: Clinical trials

- What are the appropriate methods for measuring the health effects of the connected care Pilot projects?
- Should all projects be required to conduct randomized controlled trials to determine the effect of the treatments on patients' health?

Our response:

We recommend against the FCC requiring project participants to conduct randomized controlled clinical trials as they are very expensive and if this become a requirement it will be nearly impossible for smaller organizations to meet this.

Question #98: Data fields

- FCC proposes that the regular reports from each participating project include information on a number of data fields that will enable the Commission to monitor the progress of each project towards the overall goals of the Pilot program.

Our response:

Data collection for healthcare providers is a cumbersome and time-consuming task. We recommend that FCC adopt best practices from other federal agencies and repurpose existing data that is already being collected otherwise this too could serve as a participation barrier. We specifically recommend the FCC work with CMS on the measurement collection to align with their existing requirements, as well as, also speak with the Centers for Disease Control and Prevention (CDC) on data collected for registries and other public health purposes.

Questions #111-113: Funding equipment

- Should FCC provide support for broadband Internet access connections for connected care services through the Pilot program?
    - For example, if a health care provider contracts with a remote patient monitoring solution provider for a package that includes broadband connectivity for patients, patient remote monitoring equipment, and software for the health care provider to process data received by the patient's remote monitoring equipment, could the Commission fund some parts of that overall package via its Rural Health Care legal authority and other parts through its low-income legal authority?
- Are there other services FCC should consider supporting consistent with their legal authority?
    - For example, in the Commission's Rural Health Care Pilot Program, participants were permitted to purchase equipment integral to running their broadband networks, such as servers, routers, firewalls, and switches, or to upgrade their existing equipment and increase bandwidth.217 They seek comment on their legal authority to fund such services here.

Our response:

Yes, we believe funding broadband under this pilot will help advance the mission and goals the FCC wants to achieve. This is will also help defray barriers to entry for lesser resourced providers.

III. Conclusion

In conclusion, CHIME appreciates the opportunity to provide input and welcomes the chance to continue to help shape important policies that improve the quality of care for patients. Should you have any questions about our letter, please contact Mari Savickis, Vice President, Federal Affairs, at Mari.Savickis@chimecentral.org.

Sincerely,

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